tion of MR into daily practice, but it is hoped that the American traditions for allowing patients to receive the best that science has made available will prevail. Obviously, if physicians conclude, after careful study and evaluation, that MR is the method of choice to detect and characterize certain diseases, it should be used in preference to other approaches. This perhaps should be considered a patient's right.

JUAN M. TAVERAS, MD
Radiologist-in-Chief
Massachusetts General Hospital
Boston

REFERENCES

1. Bloch F, Hansen WW, Packard ME: Nuclear induction. Phys Rev 1946; 70:460-474

2. Purcell EM, Torrey HC, Pound RV: Resonance absorption by nuclear magnetic moments in a solid. Phys Rev 1946; 69:37

3. Lauterbur PC: Image formation by induced local interactions: Examples employing nuclear magnetic resonance. Nature 1973; 242:190-191

4. Hinshaw WS, Bottomley PA, Holland GN: Radiographic thin-section image of the human wrist by nuclear magnetic resonance. Nature 1977 Dec 22-29; 270:722-723

5. Holland GN, Moore WS, Hawkes RC: Nuclear magnetic resonance tomography of the brain. J Comput Assist Tomogr 1980; 4:1-3

6. Bydder GM, Steiner RE, Young IR, et al: Clinical NMR imaging of the brain: 140 cases. AJNR 1982; 3:459-480

7. Hilal SK, Mawad ME, Silver AJ, et al: Sodium and proton magnetic resonance imaging in ischemia of the brain stem and cerebellum. Presented at the annual meeting of the American Society of Neuroradiology, Boston, Jun 1984

8. Hilal SK, Maudsley AA, Bonn J, et al: NMR imaging of tissue sodium in vivo and in resected organs. Magnetic Reson Med 1984; 1:165-172

The Need to Support Organized Medicine

AS WE ENTER the second half of this decade one senses an impending economic crunch for physicians and patient care. Forces, seemingly beyond any control, are rampant in health care and significant economic pressures are already affecting both physicians and patients. Issues of economic survival in practice seem likely to affect many physicians and issues of rationing of care seem likely to affect many patients. Already some practicing physicians have noted reduction in their incomes, and this in the face of rising costs over which they have little or no control. Some patients are beginning to experience de facto rationing of care in some of the health care programs in the West, and elsewhere. And, to be candid, we probably "ain't seen nothin' yet." Realistically, it is likely that things will get worse before they get better, since the supply of dollars available for patients is not and never will be adequate to meet all of an ever-increasing demand.

What to do? Frustrated and feeling powerless, and sensitive to a personal economic pinch, some physicians understandably feel that somehow their leaders and their dues-supported organizations should not have allowed all this to happen; and since it is now happening, they should be doing something more about it. A present danger is that physicians who are frustrated, resentful and perhaps under some economic stress, will tend to withdraw their support of organized medicine just at the time when they need it most and it needs them most. If individual physicians or organized medicine are "to do something about it," all should rally around and individually and collectively identify what needs to be done and then do it. What is needed is more support by physicians for organized medicine and for each other—not less. A scattering or fragmentation of physicians at this time cannot be in either their individual or professional interest. Nor will it be in the interests of patients who will need the individual and collective advocacy of their physicians and organized medicine as never before.

The reality is that medical associations and organized medicine were never in a position to prevent either the rising costs of health care nor the rising concern among the public and private payors of these costs. Nevertheless, individual physicians and the organized profession can now "do something about it" in many ways. They can help to eliminate unnecessary costs and improve efficiency in health care delivery. This they can do, should do and are doing; already there is much being accomplished. But in the final analysis, when one gets to the bottom line of a limited number of health-care dollars and an ever-increasing public need and demand for health care services, one can see that there will be inescapable pressures to reduce the number and quality of health-care services that are rendered. It is here at this bottom line of health care that individual practicing physicians and physicians collectively in their professional organizations must stand and be counted. And it is here that individual physicians and their professional organizations will need the active support of all physicians in their own and their patients' interests.

To paraphrase an old expression, "Now is the time for all good physicians to come to the aid of their medical associations" in order to protect, preserve and promote adequate patient care of good quality. Membership retention and membership recruitment are now more urgent than ever before. This is essential, and clearly in the economic interest of all concerned.

MSMW

Polyamines in Biology and Medicine

VIRTUALLY ALL eukaryotic cells contain significant amounts of the polyamines spermidine and spermine and their precursor, putrescine. Although the specific physiologic functions of these polyamines are still not well understood or well defined at a molecular level, extensive recent studies have shown that their concentration is highly regulated and that cellular proliferation and differentiation require polyamine biosynthesis.[1-3] The availability of new reagents for specifically modulating the polyamine pathway has led to a tremendous resurgence in investigations of the fundamental role of these polycations and of the therapeutic efficacy for selectively blocking the synthesis pathway.[2-4]

The interdepartmental conference at the UCLA School of Medicine on "Polyamines in Clinical Disorders" presented in this issue is very timely and provides a brief overview of the polyamines, their synthetic pathway and the potential significance of polyamines in the physiologic function of many body organ systems. The conference participants discuss the potential clinical applications of inhibitors of polyamine biosynthesis in neoplastic disorders, pulmonary oxygen toxicity and skin disorders including psoriasis. The authors underline the fundamental importance of polyamine metabolism in cell function and describe the biologic clues suggesting the relationship of normal and altered polyamine metabolism to clinical disorders.

The role of polyamine biosynthesis in the proliferation of tumor cells is receiving renewed attention, and manipulation of this pathway for therapeutic purposes is a much-sought-after goal.[2-4] Dr Marton provides extensive evidence that the inhibition of polyamine synthesis influences the cytotoxicity